Bill 175: *Connecting People To Home And Community Care Act, 2020*

OMA Deputation to the Standing Committee on the Legislative Assembly

June 16, 2020 @ 5 pm (to 6 pm)

Dr. Samantha Hill

My name is Dr. Samantha Hill. I am a cardiac surgeon and President of the Ontario Medical Association. On behalf of Ontario's 32,000 practicing physicians, thank you for the opportunity to share our perspective on Bill 175.

As Minister Elliott stated, Bill 175 builds a modern and nimble system to deliver home and community care services, bringing this outdated system designed in the early 1990s into the 21st century.

From the physician perspective, this is certainly long overdue.

Physicians are frustrated that the existing siloed system is cumbersome and inefficient, does not allow patients timely, integrated access to the care they need, and is extraordinarily difficult and time-consuming for all stakeholders to navigate.

The OMA sees this as an opportunity to address long-outstanding issues and inefficiencies, and examine critical areas that affect the delivery of home and community care, including

- Enhancing physician ability to access home and community care for their patients;
- Improving communication between physicians and community care;
- Improving the efficiency of changing care needs to reflect changing clinical situations;
- Reducing the need for assessment, and improve consistency in assessments; and
- Increasing the rapid delivery of services.

I further commend the government for including reference to the elements of Dan's Law. The OMA has been extremely vocal in its support, ensuring that Canadians relocating to Ontario who require end-of-life care get health-care coverage when and where they need it most.

While in-patient care is a valuable resource, patients deserve the option, where medically feasible and safe, to remain in their own homes. Furthermore, this will improve hallway medicine and hospital waitlists by freeing the scarce resource of hospital beds.

In the end, the regulations and policies will need to reflect the real world. The OMA looks forward to working with government to provide practical advice and guidance as specific regulations and policies are drafted, while recalling that all of this is only possible with a strong and well-funded home and community care system.

Allan O'Dette

My name is Allan O'Dette, and I am the Chief Executive Officer of the Ontario Medical Association.

Our society and our health care system are facing multiple challenges in light of the COVID-19 pandemic, and it is no secret that our population is ageing, and quickly. The modernization of our home and community care framework has never been more necessary, or more timely.

The FAO confirms that the wait list for long-term care increased by approximately 78 percent between 2011-12 and 2018-19, from 19,615 to almost 35,000. While the Ford government has made a significant commitment of 15,000 new long-term beds, no government would ever be able to meet the surging demand.

Home Care Ontario reports that it costs a $126 a day to care for a patient living in a long-term care facility. The cost to care for someone in hospital when it's not medically necessary but there are insufficient home supports available and nowhere else safe to go is a staggering $842 a day. And the cost to provide a day of home care? Forty-two dollars.

So while a highly functional and well-funded home and community care system is the right thing to do for patients and their long-term health outcomes, it is also the practical thing to do.

Dr. Jim Wright

My name is Dr. James Wright. I am a children's orthopedic surgeon, and Chief of the Economics, Policy and Research Division at the OMA.

The OMA has provided recommendations on Bill 175 and regulatory proposal through written submission.

The core issue of Bill 175 I will address today is the role of care coordinators and where they functionally reside. The precise role of care coordinators will be critical, as they are much more than just brokers of care services. The regulatory proposal leaves many key questions unaddressed, including:

- First, what is the role of the existing more than 4000 LHIN care coordinators?
    - The OMA strongly recommends that care coordinators focus not just on care coordination but also patient navigation. There is an essential role for them to play in supporting patients with chronic and complex conditions, and their integration within primary care is essential. Ultimately, more seamless and integrated care will impact the success of OHTs and will be a key line of defence against hallway medicine.
- Second, what will be the linkages between the home and community care supports?
    - The OMA recommends:

        - And this is most important, direct communication between primary care providers and community care,
        - And also,
        - access to care coordinators after hours,
        - easy exchange of information electronically among providers,
        - regular and clear patient updates on patient status with primary care,
        - minimizing paperwork and red tape in determining levels of community care, and
        - locating care coordinators at some primary care sites, where voluntary, and subject to space availability and resourcing. Linkage between government and doctors needs to remain voluntary and nimble. This is best achieved by not designating physicians as Health Service Providers.
- And third, how will the care coordinator role evolve?
    - A "one size fits all" approach will not be effective, particularly when applying a social determinants of health lens. Co-design of the role with physicians, patients and families will be essential.

Two other issues for consideration. More services need to be viewed from a social determinants of health perspective. For example, this could mean increased access to services such as transportation to doctors' appointments or to the grocery store, and social supports.

Finally, the government will need to address funding to ensure equitable access to services in all parts of the province.

The OMA also strongly recommends that primary care be recognized as a critical hub for care coordination and we look forward to working with you to achieve that goal.

Thank you.